

AMENDMENT FORM

CITY OF ATLANTA
DEPARTMENT OF FINANCE - BUSINESS TAX DIVISION
55 TRINITY AVENUE, S.W. SUITE 1350
ATLANTA, GA 30303
PHONE 404-330-6270 FAX 404-658-7465

DATE: _____

AMENDED: BUSINESS TAX REGISTRATION CERTIFICATE FORM

In order to correct your Business Tax Registration Certificate record, it will be necessary for you to submit an amended Tax Registration Certificate form. Please include your actual gross revenue and actual number of employees, for the period of time operated in the City of Atlanta. Please, include a copy of your federal and state tax return (i.e. 1120, 1065 or 500-700) for the year in question and prior years tax return unless you are amending the current year's estimate. Use a separate amendment form for each year (limited to current year's estimate and two (2) prior years.)

Please print or type the following information in its entirety and mail or fax to the City of Atlanta with the information printed above.

- ❖ Business Tax Number: _____
- ❖ Federal Tax ID Number: _____
- ❖ Year To Be Amended: _____
- ❖ Business Name: _____
- ❖ Business Location Address: _____
City: _____ State: _____ Zip Code: _____
- ❖ Revenue (Dollar Amount) Amending: _____
- ❖ Employees Amending: _____

Given reason for this request:

Applicant Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Notary Public: _____ Sworn to and subscribed
before me this the _____ day of _____ year _____.

For Office Use Only

Return To _____ Date _____